

THIS ISSUE

Hearing Aid Services & Devices Reimbursement Policies & Rates

TO:

ARNPs
Audiologists
Clinics
DME Providers
Hearing Aid Fitters/Dispensers
Physicians
Self-Insured Employers

CONTACT:

Provider Hotline
1-800-848-0811
From Olympia 902-6500

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Effective 9/1/04

Purpose

This bulletin updates the department's hearing services rules and policies:

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The following policies and requirements apply to all hearing aid services and devices, except those listed in the *Physicians' Current Procedural Terminology* (CPT). This bulletin is a reference document, so some information is provided in more than one section.

Effective September 1, 2004, this *Provider Bulletin* consolidates and replaces:

Provider Bulletin 01-09 and 02-09

The hearing aid related information in *Provider Updates*: 99-01 and 00-01

Which policies have changed?

- Digital hearing aids may be covered, if that technology best addresses a worker's needs.
- New Worker Information and Restocking forms have been developed, see appendix.
- Advertising limits are explained.
- Professional fees are paid separately from the acquisition cost of hearing aids.

How are self-insured claims affected by these policies and requirements?

Self-insured companies who have entered into contracts for purchasing hearing aid related services and devices may continue to use them. (See Washington Administrative code (WAC) 296-23-165: Miscellaneous Services and Appliances, section 1b.)

Self-insured companies who do not have hearing aid purchasing contracts must follow the department's maximum fee schedule and purchasing policies for all hearing aid services and devices listed in this bulletin.

Authorization and Payment Policies for Hearing Aid Services

How is a hearing loss claim initiated?

When the injured worker, the attending physician, or Advanced Registered Nurse Practitioner (ARNP) determines that an injury or condition may be industrial in nature, a Report of Industrial Injury or Occupational Disease (Report of Accident; F 242-130-000) form must be filed as stated in WAC 296-20-025. For self-insured claims, the physician or ARNP must file a Physician's Initial Report (PIR; F 207-028-000).

Who can sign the Report of Accident form?

Only licensed Medical Doctors (MDs), ARNPs, and other providers listed in WAC 296-20-01002 Definitions under *Doctor*, may sign a Report of Accident form.

Physicians' Assistants, licensed audiologists, and fitter/dispensers cannot sign accident report forms.

Which medical professionals can determine whether there is a work-related hearing loss condition?

A physician or ARNP must examine the injured worker to determine if he or she has a job related hearing loss. The physician or ARNP may test or refer the injured worker to a licensed audiologist or qualified physician for hearing tests to determine whether there is a work related hearing loss.

The department or self-insurer will furnish (a) hearing aid(s) only when prescribed or recommended by a physician or ARNP. (See WAC 296-20-1101.) The doctor or ARNP must examine the worker prior to the department's hearing aid authorization, even in emergency cases.

Who selects the physician or ARNP?

Workers have free choice of physician or ARNP and cannot be directed to a specific physician or ARNP by a hearing aid vendor or their employer. In addition, workers may choose their hearing aid vendor and cannot be directed to one by a physician or ARNP.

Exception: Self-insured companies who have entered into contracts for purchasing hearing aid related services and devices may direct their injured workers to their contracted hearing aid vendors.

Attending Physician's or ARNP's Roles

What are the attending physician's or ARNP's roles in a hearing loss claim?

The attending physician or ARNP must do all of the following:

1. Examine the worker;
2. Establish the diagnosis and degree of hearing loss, by performing the hearing tests or referring the injured worker to a licensed audiologist or fitter/dispenser, or qualified physician or ARNP for a hearing test;

- 3 Review the Employment History Hearing Loss form, then, identify jobs that, in his/her opinion, contributed to the hearing loss condition;
- 4 Establish the relationship between the injurious noise exposure and the workers' conditions, if any;
- 5 Make appropriate treatment recommendations;
- 6 Fill out the physician's portion of the Report of Accident form or the Physician's Initial Report (PIR) if the claim is filed as a self-insured claim;
- 7 Sign the Report of Accident form or PIR;
- 8 Recommend and prescribe the use of hearing aids, if appropriate;
- 9 Complete a medical report (preferably typed) incorporating items 3, 4, and 8 above in the text of the report (illegible reports may delay authorization decisions);
10. The attending physician or ARNP must submit a packet to the department containing all of the following:
 - Report of Accident form,
 - Employment History Hearing Loss form (see appendix)
 - Copy of the valid audiogram,
 - Medical report,
 - Occupational Hearing Loss Questionnaire (see appendix)
 - Medical Release Form, and
 - Military or social security release form, if needed.

Send State Fund Claims to
Department of Labor and
Industries
Claims Administration
PO Box 44299
Olympia WA 98504-4299

The department or self-insurer needs all of the above information to approve or deny a hearing loss claim. Please include the claim number in the upper right-hand corner of each page of all correspondence. To ensure the reports and correspondence will be processed quickly, use plain white, 8.5 x 11-inch paper and the official forms.

For a self-insured claim, please send this information to the self-insurer or its third party administrator.

What constitutes a valid audiogram?

An audiogram is valid only if:

- Preceded by at least 14 hours without exposure to high levels of noise (occupational or non-occupational);
- Performed by a licensed audiologist, an otolaryngologist or other qualified physician or ARNP, or by a certified technician responsible to one of the above;
- Performed in a sound-attenuated (sound-proofed) room meeting current ANSI (American National Standards Institute) standards; **and**
- Obtained from equipment calibrated to current ANSI (American National Standards Institute) standards.

The audiogram must be submitted on letterhead, signed and dated by the person who performed the test (include the following information: Name, address, and phone number of the office, name and signature of person who performed the test, credentials, and test date).

In instances where there are adjudicative issues, the department may require an audiogram from a licensed audiologist.

Is prior authorization required for hearing related services, devices, supplies, and accessories?

Yes. Prior authorization must be obtained from the State Fund or self-insurer for all initial and subsequent hearing related services, devices, supplies, and accessories in accordance with WAC 296-20-03001 (Treatment Requiring Authorization), and WAC 296-20-1101 (Hearing Aids and Masking Devices). The department will not pay for hearing devices provided prior to authorization.

NOTE: In cases of special need, such as when the claimant is working and a safety issue exists, the provider may be able to obtain a State Fund or Self Insured claim manager's authorization to dispense hearing aid(s) after the doctor's examination and before the claim is accepted.

Exception: If the State Fund or self-insurer has authorized and/or purchased the hearing aid(s), purchase of batteries is guaranteed within the limits explained on page 8. After the department has purchased the hearing aid(s), batteries do not require authorization.

How does a provider obtain authorization for hearing aids?

Prior to providing initial or replacement hearing aids on an **accepted** State Fund hearing loss claim, the provider is required to call the department or submit a request in writing to the claim manager to obtain authorization. This process can be initiated by calling the claim manager or the State Fund's Provider Hotline at 1-800-848-0811, or in Olympia call 902-6500.

The State Fund or self-insurer will notify the worker in writing when the claim is accepted or denied.

Providers can obtain State Fund billing information by calling 1-800-831-5227 or 1-800-848-0811. For a self-insured claim, call the self-insurer or its third party administrator for billing information.

In the case of a self-insured claim, the provider should obtain prior authorization from the self-insurer or its third party administrator. Self-insured companies can contract with a provider and can require the worker to obtain hearing related services and devices through the contracted provider.

What information does the insurer need to approve or deny a hearing loss claim?

The department or self-insurer will authorize hearing aids only when prescribed or recommended by a physician or ARNP (see WAC 296-20-1101). State Fund claim managers use the Employment History Hearing Loss form, medical, and other information outlined below to decide whether an individual worker has a valid work-related hearing loss. A self-insurer or its third party administrator may use similar forms to gather information.

- Report of Accident Form
- Employment History Hearing Loss Form:
 - Must be accurately completed by the worker.
 - Must be reviewed by the physician or ARNP with responsible employer(s) noted.
 - Must be returned to the department for review.
 - Incomplete Work History forms may result in claim processing delays.
- Valid Audiogram
- Medical Report
- Claimant Information Form, signed by the worker and licensed audiologist or fitter/dispenser. (Give a copy of the signed form to the worker, send one to the department, and keep one on file.)
- Occupational Hearing Loss Questionnaire
- Medical Release Form
- Military or social security release form, if needed

Will the department pay for completion of hearing loss related forms?

No. The department or self-insurer does not pay any provider or worker to fill out the Employment History Hearing Loss Work History forms or Occupational Hearing Loss Questionnaire (Form #'s F262-013-000, F262-013-111, and F262-016-000). Physicians or ARNPs may be paid for a narrative assessment of work-relatedness to the hearing loss condition. See the *Attending Doctors Handbook's* table on "Other Miscellaneous Codes and Descriptions".

If the worker cannot fill out the forms completely, the worker may order a work history through the Social Security Administration office. Claim processing will be delayed until the claim manager receives the work history.

Advertising Limits

Can providers advertise their hearing services to people who may have been exposed to loud noises at work?

Yes. NOTE: L&I frequently receives complaints about the types of advertising or unsolicited information that workers receive about hearing aids. The law quoted below discusses false, misleading, or deceptive advertising or representations:

RCW 51.36.130 “. . . The department may deny applications of health care providers to participate as a provider of services to injured workers under this title, or terminate or suspend providers' eligibility to participate, if the provider uses or causes or promotes the use of, advertising matter, promotional materials, or other representation, however disseminated or published, that is false, misleading, or deceptive with respect to the industrial insurance system or benefits for injured workers under this title.”

Any type of mailer or advertisement suggesting that an injured worker's hearing aids are obsolete and, therefore, need to be replaced that does not document clear indication of a specific hearing aid's failure will be considered false advertising.

Authorization

What types of hearing aids will the department authorize?

The department will purchase hearing aids of appropriate technology to meet the workers' needs, e.g., digital. Decisions will be based on recommendations from physicians, ARNPs, licensed audiologists, or fitter/dispensers. Based on current technology, the types of hearing aids purchased for most workers are digital or programmable behind the ear (BTE), in the ear (ITE), in the canal (ITC), and completely in the canal (CIC).

Any other types of hearing aids needed for medical conditions will be considered based on justification from the physician, ARNP, licensed audiologist, or fitter/dispenser.

NOTE: The department does **not** pay for hearing aids for hearing loss resulting from:

- Noise exposure that occurs outside the work place,
- Non-work-related diseases and conditions, or
- The natural aging process.

When are CIC hearing aids covered?

The department may consider CIC aid(s) only when there is a work-related safety need documented by the worker's current employer or if the physician or ARNP documents loss of the external ear or why CIC is needed.

Do some hearing aids require special authorization?

Yes. If the manufacturer's invoice cost of any hearing aid exceeds \$900, contact the claim manager for special authorization, as review may be required.

NOTE: The department will adjust this limit periodically. Watch the online fee schedule page for updates:
<http://www.lni.wa.gov/ClaimsInsurance/ProviderPay/FeeSchedules/default.asp>

What happens when an injured worker does not accept the recommended hearing aids and wants to have different hearing aids?

The department or self-insurer is responsible for paying for hearing-related services and hearing aids that are deemed medically necessary. In the event an injured worker refuses the recommendations given in his/her case and wants to purchase different hearing aids, the worker then becomes **totally responsible** for the purchase of the hearing aid, batteries, supplies, and any future repairs.

Hearing Aid Quality

All hearing aid devices provided to injured workers must meet or exceed all Food and Drug Administration (FDA) standards. All manufacturers and assemblers shall hold a valid FDA certificate.

Testing

Who is allowed to perform hearing tests in conjunction with fitting hearing aids?

Testing to fit a hearing aid may be done by a licensed audiologist, fitter/dispenser, qualified physician, or qualified ARNP. Obtain prior authorization for subsequent testing.

The department does not pay for testing after a claim has been closed.

Hearing Screening

If free initial hearing screenings are offered to the public, the department will not pay for these services.

Trial Period

A 30-day trial period is the standard established by State of Washington 18.35 RCW. During this time, the provider supplying the aids must allow workers to have their hearing aids adjusted or be returned without cost for the aids or restrictions beyond the manufacturer's requirements, e.g., hearing aids are not damaged. Follow-up hearing aid adjustments are bundled into the dispensing fee.

If hearing aids are returned within the 30-day trial period for workers covered by the State Fund, the provider must submit a refund for the hearing aid and dispensing fee. (See page **11** for detailed instructions.)

Warranties

What is the department's policy regarding hearing aid warranties?

Hearing aid industry standards provide a minimum of a one-year repair warranty on most hearing devices, which **includes parts and labor**. Where a manufacturer provides a warranty greater than one year, the manufacturer's warranty shall apply. The department or self-insurer will NOT pay for any repairs including parts and labor within the manufacturer's warranty period. The warranty begins on the date it was dispensed to the worker.

Some wholesale companies' warranties also include a replacement policy to pay for hearing aids that are lost. If the hearing aid loss is covered under the warranty, the provider must honor the warranty and replace the claimant's lost hearing aid without charge.

Is the provider required to submit warranty information to the department or self-insurer?

Yes. The **manufacturer's** warranty and any additional provider warranty must be submitted in hardcopy to the insurer for all hearing devices and hearing aid repairs. The warranty should include the make, model, and serial number of the individual hearing aid. The insurer may deny payment of the provider's bill if this information has not been received.

For State Fund claims all providers are required to send warranty information to:

Department of Labor and Industries
P.O. Box 44291
Olympia, WA 98504-4291

For self-insured claims, please send this information to the self-insurer or its third party administrator.

All correspondence to the department or self-insurer must indicate the injured worker's name and claim number in the upper right hand corner on each page of the document to avoid delays in processing.

When does the warranty period begin on hearing aids, devices and repairs?

The warranty period begins the date the device is fitted and dispensed. In the case of repairs, the warranty begins when the hearing aid is returned to the worker.

Does the department purchase extended warranty packages for hearing aids and devices?

No. The department does not purchase or provide additional manufacturers' or extended warranties beyond the initial manufacturer's warranty or any additional provider warranty.

For which hearing aid(s) repairs, losses or types of damage are the injured workers responsible?

Injured workers are responsible for paying for repairs and batteries to hearing aids not authorized or purchased by the department and non-work-related losses or damages to their hearing aid(s), e.g., worker's pet eats/chews the hearing aid, etc. In no case will the department or self-insurer cover this type of damage. In these instances, the worker will be required to buy a hearing aid consistent with current department guidelines. After purchase and submission to L&I of the new warranty, the department will resume paying for batteries and repairs following the policies specified in this Provider Bulletin.

Repairs and Batteries

For which hearing device repairs is the State Fund or self-insurer responsible?

NOTE: At its discretion, the department decides when or if to repair (a) hearing aid(s) and devices. Prior authorization is required for all billed repairs.

After the manufacturer's warranty expires, the insurer will pay for the cost of appropriate repairs for the hearing aids they authorized and purchased. The department will repair these hearing aids when the repair is related to normal wear. If the aid is damaged in a work-related incident, the worker may file a new claim.

Are batteries covered?

Yes. The insurer will pay for the cost of battery replacement for the life of an authorized hearing aid. **(No more than one box of batteries (40) will be reimbursed within each 90-day period.)**

NOTE: Sending injured workers batteries that they have not requested and for which they do not have an immediate need is in violation of the department's rules and payment policies.

What documentation is needed for repairs made during the warranty period?

The provider who arranges for repairs to hearing aid(s) authorized or purchased by the State Fund or self-insured employer, should submit records of all repairs to these aids to the insurer. These records are required, even during the warranty period.

For which hearing aid(s) repairs, losses or damage are the injured workers responsible?

Injured workers are responsible for paying for repairs and batteries to hearing aids not authorized or purchased by the department and non-work-related losses or damages to their hearing aid(s), e.g., worker's pet eats/chews the hearing aid, etc. In no case will the department or self-insurer cover this type of damage. In these instances, the worker will be required to buy a replacement hearing aid consistent with current department guidelines. After purchase and submission to L&I of the new manufacturer's warranty, the department will resume paying for batteries and repairs following the policies specified in this Provider Bulletin.

Replacement

NOTE: At its discretion, the department decides when or if to replace (a) hearing aid(s). Replacement is defined as purchasing a hearing aid for the worker according to the department's most current guidelines.

The worker must sign and retain a copy of the Worker Information Form. The provider must submit a copy of the signed form with the replacement request.

The department may replace the hearing aid exterior (shell) when an injured worker has ear canal changes or the shell is cracked. The department will not pay for new hearing aids when only new ear shell(s) are needed. The insurer will not replace a hearing aid due to hearing loss changes, unless the new degree of hearing loss was due to continued on-the-job exposure. A new claim must be filed with the insurer if further hearing loss is a result of continued work-related exposure or injury, or the aid is lost or damaged in a work-related incident. If the increased loss is not due to on-the-job noise exposure, the claim will be denied.

The department does not pay for new hearing aids for hearing loss resulting from:

- Noise exposure that occurs outside the workplace,
- Non-work-related diseases and conditions, or
- The natural aging process.

Is there an automatic replacement period?

No. The department or self-insurer does not provide an automatic replacement period. Any type of mailer or advertisement suggesting that an injured worker's hearing aids are obsolete and, therefore, need to be replaced that does not document clear indication of a specific hearing aid's failure will be considered false advertising.

What documentation is required when recommending replacement of a hearing aid?

Documentation must be submitted to the State Fund or self-insured employer with the request for authorization of hearing aid replacement. The information must contain:

- The name and credential of the person who inspected the hearing aid,
- The date of the inspection, and
- The observations, e.g., a description of the damage, and/or information on why the device cannot be repaired and should be replaced.

Only licensed audiologists, fitters/dispensers, and FDA certified manufacturers can make final recommendations on replacement of any given hearing aid device or part of a device.

Please allow two weeks for a response from the department.

What happens when the injured worker refuses to wear the recommended hearing aid device and wants to have a different hearing aid?

The department or self-insurer is responsible for paying for hearing-related services and devices that are deemed medically necessary. In the event an injured worker refuses the medical recommendations given in his or her case and wants to purchase different hearing aid(s), the worker is then **totally responsible** for the purchase of the hearing aid(s), batteries, supplies, and any future repairs.

Documentation and Record Keeping Requirements

What information and documentation must providers submit and maintain when providing hearing-related services?

The following are the minimum documentation requirements:

- Name and title of the referring practitioner, if applicable.
- Complete hearing loss history, including the onset of the hearing loss. Was the hearing loss sudden or gradual?
- Associated symptoms including, but not limited to, tinnitus, vertigo, drainage, earaches, chronic dizziness, nausea, and fever.
- Has the claimant been treated for recent or frequent ear infections?
- Results of the ear examination: impacted earwax?; foreign body within the ear canal?; inflammation or irritation within the ear?; perforation of the eardrum?; deformities or abnormalities of the inner or outer ear?

- Results of all hearing and speech tests from initial examination.
- Review and comment on historical hearing tests, if applicable.
- All applicable manufacturer's warranties (length and coverage), plus the make, model, and serial number of the hearing aid device(s), if supplying the hearing aid.
- Original or unaltered copies of manufacturers' invoices.
- Copy of the Worker Information Form signed by the worker and provider.
- Invoices and/or records of all repairs.

NOTE: The provider must keep all of this information in the worker's medical records (records) and submit a copy to the department or self-insurer. Also, the worker's records must contain information regarding the make, model, and serial number of the hearing aid device(s) sold. For all repairs, submit a copy of the documentation to the insurer that indicates the serial number of the device that was repaired and the nature of the repair.

How long must a provider keep records on an injured worker?

Per WAC 296-20-02005 "Keeping of Records," a provider is required to keep all records necessary for the department to audit the provision of services for a **minimum of five years**.

Billing Procedures for Hearing Aid Services

All hearing aids, parts, and supplies must be billed using HCPCS codes. Hearing aids and devices are considered to be durable medical equipment and must be billed at their acquisition costs. Most local codes are no longer valid. The department will only purchase the hearing aids, devices, supplies, parts, and services described in the codes shown in the fee schedule.

Who may bill for hearing aid services and devices?

- Fitter/dispensers are to only bill the HCPCS codes for all hearing related services and devices.
- Durable Medical Equipment (DME) providers can only bill the supply and battery codes.
- Physicians, ARNPs, and licensed audiologists may bill:
 - 1) The HCPCS codes for hearing related services and devices, and
 - 2) As appropriate using the AMA guidelines, Current Procedural Terminology codes (CPT) for hearing-related testing and office calls.

NOTE: Non-licensed audiologists or fitter/dispenser permit holders may not provide and will not be paid for any hearing-related services or devices.

What is included in the dispensing fee?

Dispensing fees cover a 30-day trial period during which all aids may be returned. Also included:

- up to four follow up visits (which are ongoing checks of the aid as the wearer adjusts to it),
- one hearing aid cleaning kit,
- routine cleaning during the first year, and
- all handling and delivery fees.

Is routine cleaning covered?

Yes. After the first year, providers may bill 5092V up to four times a year for each ear.

What fee should a provider bill the department or self-insurer?

Providers must bill their **usual and customary** fee for services to injured workers. If a usual and customary fee for any particular service is lower to the general public than listed in the fee schedules, the practitioner shall bill the department or self-insurer at the lower rate. (See WAC 296-20-010, Section 2).

Hearing aids and related parts and supplies must be billed at their acquisition cost including any volume discounts.

What fees will the department or self-insurer pay?

The insurer will pay for professional services at the provider's usual and customary fee, or fee schedule maximum, or contracted rate, whichever amount is less. The department will pay for hearing aids, parts, and supplies or repairs at the acquisition cost. Wholesale invoices are required to show the acquisition cost and must be retained in the provider's office records.

What is the department's acquisition cost policy?

Supply codes that do not have a fee listed will be paid at their acquisition cost. The acquisition cost equals the wholesale cost plus shipping and handling and sales tax. These items must be billed together as one charge. For taxable items, an itemized listing of the cost plus sales tax may be attached to the bill but is not required.

Wholesale invoices for all supplies and materials must be retained in the provider's office files for a minimum of five years. A provider must submit a hard copy of the wholesale invoice to the department or Self-Insurer when an individual supply item costs \$150.00 or more, or upon request. The insurer may delay payment of the provider's bill if the insurer has not received this information.

Supplies used in the course of an office visit are considered bundled and are not payable separately. Fitting fees are bundled into the office visit or into the cost of any DME and are not payable separately.

BILLING TIP: Sales tax and shipping and handling charges are not paid separately, and must be included in the total charge for the supply. An itemized statement showing net price plus tax may be attached to bills but is not required.

Does the department pay a restocking fee?

Yes. Department of Health statute (RCW 18.35.185) and rule (WAC 246-828-290) allow hearing instrument fitter/dispensers and licensed audiologists to retain \$150 or 15% of the total purchase price, whichever is less, for any hearing aid returned within the rescission period (30 calendar days). This fee is sometimes called a "restocking" fee. L&I as the purchaser of hearing aids for injured workers will pay this fee when an injured worker rescinds their purchase agreement as provided for in the above statute and rule.

The department must receive a statement, signed and dated by the provider and the worker, or use the form attached to this Bulletin. The form must be faxed to the department at (360) 902-6252 within two business days of receipt of the signatures.

The provider must submit a refund of the full amount paid by the department for the dispensing fees and acquisition cost of the hearing aid that was provided to the worker. The provider may then submit a bill to the department for the restocking fee of \$150 or 15% of the total purchase price, whichever is less. Restocking fees cannot be paid until the department has received the refund. Refer to the fee schedule on page 16 of this document for the appropriate code to use when billing the restocking fee.

How does a provider submit a refund?

For State Fund claims, please include the claim number on your check and accompanying documentation. The claim number should be in the upper right corner of all documents. Send the check with a copy of the remittance advice highlighting the dates of service for the dispensing fees and the hearing aid to:

Cashier
Department of Labor and Industries
PO Box 44835
Olympia WA 98504-4835

For self-insured claims, please contact the self-insurer or its third party administrator.

Are there any fees a provider may bill a worker?

No. The department or self-insurer provides the full payment for professional fees, hearing aids, supplies, repairs, and replacements. Workers cannot be billed for treatment for accepted conditions.

A supplier or provider may **not** charge a worker the difference between the fee schedule maximum, wholesale invoice, contracted fee, or their usual and customary charge. (See WAC 296-23-165, section 1a.)

Injured workers are responsible for paying for repairs to and batteries for hearing aids not authorized or purchased by the department and non-work-related losses or damages to their hearing aid(s), e.g., worker's pet eats/chews the hearing aid, etc. In no case will the department or self-insurer cover this type of damage. In these instances, the worker will be required to buy a replacement hearing aid consistent with current department guidelines. After purchase and submission to L&I of the new manufacturer's warranty, the department will resume paying for batteries and repairs following the policies specified in this Provider Bulletin.

What billing forms should providers use?

Physicians, ARNPs, and licensed audiologists are to bill the department using the **CMS-1500 form** (F 245-127-000).

Fitter/dispensers and DME providers should use the department's **Statement for Miscellaneous Services Bill form** (F 245-072-000).

What is the department's policy regarding payment for hearing aid supplies?

Parts and supplies will be reimbursed at acquisition cost, i.e., manufacturer's wholesale invoice.

Supply items for hearing aids include tubing, wax guards, batteries, and ear hooks. These can be billed within the warranty period.

Parts for hearing aids include switches, controls, filters, battery doors, and volume control covers. These can be billed as replacement parts only, but not within the warranty period.

Shells ("ear molds" in HCPCS codes) and other parts can be billed separately at acquisition cost. The department does not cover disposable shells.

Hearing aid extra parts, options, circuits and switches, e.g., T coil & noise reduction switch, can only be billed when the manufacturer does not include these in the base invoice for the hearing aid.

What documentation is required to show acquisition costs of hearing aids, parts, and supplies?

Original or unaltered wholesale invoices from the manufacturer are required to show the acquisition cost and must be retained in the provider's office records for a minimum of 5 years (WAC 296-20-02005.)

A provider must submit a hard copy of the original or unaltered manufacturer's wholesale invoice when an individual hearing aid, part, or supply costs \$150.00 or more, or upon the department's request. The insurer may deny payment of the provider's bill if it has not received this information.

For State Fund claims all providers must submit original or unaltered wholesale invoices with the make, model and serial number for individual hearing aids to:

Department of Labor and Industries
P.O. Box 44291
Olympia, WA. 98504-4291

NOTE: Electronic billing providers must submit a hardcopy of the original or unaltered manufacturer's wholesale invoice with the make, model, and serial number for individual hearing aids within 5 days of bill submission.

Are there special instructions to bill for binaural hearing aids?

Yes. When billing the department or self-insurer for hearing aids for both ears, providers must indicate on the CMS-1500 or Statement for Miscellaneous Services form the following:

- In the diagnosis/nature of injury description box, list the diagnosis, as appropriate, for each **side of body (right/left)**.
- Bill the appropriate HCPCS code for monaural or binaural aids. Only one unit of service should be billed whether one (monaural aid) or two hearing aids (binaural aids) are dispensed.

NOTE: Electronic billers are to use the appropriate field for the diagnosis code and side of body, specific to their electronic billing format.

Information About A Specific Claim

The State Fund has an Interactive Voice Response system (IVR) that can answer many claim-related questions including claim status, authorized procedures, and bill status. To access this information providers will need to give their provider numbers and workers' claim numbers.

IVR (Interactive Voice Response) System

1-800-831-5227

Providers can obtain the following **claim information** using this line:

- Claim manager's name and phone number
- Pending bill information
- Claim status information
- Allowed/denied diagnosis codes,
- Allowed/denied procedure codes, and
- Drug restrictions.

Both the claim number and provider account number will be required to access this information.

Injured workers can obtain the following information using this line:

- Claim manager's name and phone number
- Most recent travel or claimant reimbursement paid
- Time loss compensation rate
- Claim status information, and

- Protest status.
- Attending physician of record

After you use the IVR, to better serve you and to direct your questions appropriately please note the following numbers:

Provider Hotline

1-800-848-0811

The Provider Hotline can help with:

From Olympia 902-6500

- Billing and remittance advice questions,
- Provider Bulletin, WAC, and RCW clarification
- Authorization of hearing related services,
- Claim status questions, and
- Verification of claim diagnosis and procedure codes.

Providers should please be prepared with the worker's claim number and the performing provider's L&I provider account number so the Hotline may better serve them.

Injured Worker Hotline

1-800-LISTENS or 1-800-547-8367

Workers can access this line to help them obtain:

- Information regarding their claim
- Help in resolving time loss issues

Fee Schedule: Professional Services and Hearing Aid Reimbursement Rates

The department will only purchase the hearing aids described in the codes shown in the fee schedule below.

When billing for hearing aids, indicate the following on the billing form:

- The diagnosis, as appropriate, for each side of the body.
- The appropriate HCPCS code for monaural or binaural aids. Only one unit of service should be billed, whether one (monaural aid) or two hearing aids (binaural aids) are dispensed.

As of September 1, 2004:

<u>HCPCS Codes</u>	<u>Description</u>	<u>Maximum Fee</u>
V5008	Hearing screening	\$67.50
V5010	Assessment for hearing aid	Bundled
V5011	Fitting/orientation/checking of hearing aid	Bundled
V5014	Hearing aid repair/modifying visit (Bill with a repair code 5093V.)	\$45.00/ear
V5020	Conformity evaluation (1 visit allowed after the 30-day trial period)	Bundled
V5030	Hearing aid, monaural, body worn, air conduction	Acquisition cost
V5040	Body-worn hearing aid bone	Acquisition cost
V5050	Hearing aid, monaural, in the ear.	Acquisition cost
V5060	Hearing aid, monaural, behind the ear	Acquisition cost
V5070	Glasses air conduction	Acquisition cost
V5080	Glasses bone conduction	Acquisition cost
V5090	Dispensing fee, unspecified hearing aid	Not covered
V5100	Hearing aid, bilateral, body worn	Acquisition cost
V5110	Dispensing fee, bilateral	Not covered
V5120	Binaural, body	Acquisition cost
V5130	Binaural, in the ear	Acquisition cost
V5140	Binaural, behind the ear	Acquisition cost
V5150	Binaural, glasses	Acquisition cost
V5160	Dispensing fee, binaural (includes up to one conformity eval and two follow up visits during the 30-day trial period) See page 10 for details.	\$ 1278.00
V5170	Hearing aid, cros, in the ear	Acquisition cost
V5180	Hearing aid, cros, behind the ear	Acquisition cost
V5190	Hearing aid, cros, glasses	Acquisition cost
V5200	Dispensing fee, cros (includes up to one conformity eval and two follow up visits during the 30-day trial period) See page 10 for details.	\$ 766.00
V5210	Hearing aid, bicros, in the ear	Acquisition cost
V5220	Hearing aid, bicros, behind the ear	Acquisition cost
V5230	Hearing aid, bicros, glasses	Acquisition cost
V5240	Dispensing fee, bicros (includes up to one conformity eval and two follow up visits during the 30-day trial period) See page 10 for details.	\$ 766.00
V5241	Dispensing fee, monaural hearing aid, any type (includes up to one conformity eval and two follow up visits during the 30-day trial period) See page 10 for details.	\$ 639.00
V5242	Hearing aid, analog, monaural, cic (completely in the ear canal)	Acquisition cost
V5243	Hearing aid, analog, monaural, itc (in the canal)	Acquisition cost
V5244	Hearing aid, digitally programmable analog, monaural, cic	Acquisition cost

<u>HCPCS</u> <u>Codes</u>	<u>Description</u>	<u>Maximum Fee</u>
V5245	Hearing aid, digitally programmable, analog, monaural, itc	Acquisition cost
V5246	Hearing aid, digitally programmable analog, monaural, ite (in the ear)	Acquisition cost
V5247	Hearing aid, digitally programmable analog, monaural, bte (behind the ear)	Acquisition cost
V5248	Hearing aid, analog, binaural, cic	Acquisition cost
V5249	Hearing aid, analog, binaural, itc	Acquisition cost
V5250	Hearing aid, digitally programmable analog, binaural, cic	Acquisition cost
V5251	Hearing aid, digitally programmable analog, binaural, itc	Acquisition cost
V5252	Hearing aid, digitally programmable, binaural, ite	Acquisition cost
V5253	Hearing aid, digitally programmable, binaural, bte	Acquisition cost
V5254	Hearing aid, digital, monaural, cic	Acquisition cost
V5255	Hearing aid, digital, monaural, itc	Acquisition cost
V5256	Hearing aid, digital, monaural, ite	Acquisition cost
V5257	Hearing aid, digital, monaural, bte	Acquisition cost
V5258	Hearing aid, digital, binaural, cic	Acquisition cost
V5259	Hearing aid, digital, binaural, itc	Acquisition cost
V5260	Hearing aid, digital, binaural, ite	Acquisition cost
V5261	Hearing aid, digital, binaural, bte	Acquisition cost
V5262	Hearing aid, disposable, any type, monaural	Not covered
V5263	Hearing aid, disposable, any type, binaural	Not covered
V5264	Ear mold (shell)/insert, not disposable, any type	Acquisition cost
V5265	Ear mold (shell)/insert, disposable, any type	Not covered
V5266	Battery for hearing device	\$ 0.80
V5267	Hearing aid supply/accessory	Acquisition cost

Local Codes

5091V	Hearing Aid Restocking Fee (The lesser of 15% of the hearing aid total purchase price or \$150 per hearing aid.)	By report
5092V	Hearing Aid Cleaning Visit (one every 90 days, after the first year)	\$21.00/ear
5093V	Hearing Aid Repair Fee. Manufacturer's invoice required.	By Report

Fees are routinely evaluated. Any subsequent changes to the fees listed above will be published in the *Medical Aid Rules and Fee Schedules* or found on the department's web site

<http://www.lni.wa.gov/ClaimsInsurance/ProviderPay/FeeSchedules/default.asp>.

Appendix:

Forms

- A. Worker Information Form-- A new form. Audiologists or fitter/dispensers, please obtain workers' signatures, then submit a copy to the department and worker, retain a copy for your files.
- B. Termination of Agreement (Rescission/Restocking Form)-- A new form.
- C. Links to other necessary forms are shown below. Please copy them as needed.

--Occupational Hearing Loss Questionnaire <http://www.lni.wa.gov/forms/pdf/262016a0.pdf>

--Employment History Hearing Loss <http://www.lni.wa.gov/forms/pdf/262013af.pdf>

--Authorization to Release Information <http://www.lni.wa.gov/forms/pdf/262005a0.pdf>

If you'd like to order copies, call your local service location or you can print, complete, and mail the ordering form at <http://www.lni.wa.gov/forms/pdf/208063a0.pdf>. You may write in form numbers and item numbers that are not printed on the card.

NEW TIMEFRAMES FOR FILING OCCUPATIONAL HEARING LOSS CLAIMS

In 2003 the Legislature passed Senate Bill 5271, which changes benefits for workers who file claims for occupational hearing loss more than two years after their last injurious noise exposure. Under this law, RCW 51.28.055, to be eligible for permanent partial disability awards, workers must file claims within two years of the last injurious occupational noise exposure on or before September 9, 2004 if their last exposure was earlier than September 9, 2002. Otherwise workers will only be entitled to hearing aids and related costs on accepted claims.



HEARING SERVICES Worker Information

Claim Number: _____

If my claim for occupational hearing loss is allowed and if my doctor or ARNP prescribes hearing devices, the following rights and conditions apply when I obtain hearing aids:

1. I am free to choose where I will obtain my hearing aid(s), for example, I can go to an audiologist, physician, ARNP, or fitter/dispenser. I cannot be charged a fee by a hearing aid provider if I choose to obtain my hearing aids with a different provider.
2. The physician, ARNP, audiologist or fitter/dispenser must obtain authorization from the department before I receive hearing aid(s).
3. If I accept a hearing aid before the department authorizes it, I am totally responsible for paying for my hearing aid(s) and all future batteries, supplies, and repairs. The department will not reimburse me for these costs.
4. If I choose to purchase a different hearing aid than was recommended for my hearing loss and authorized by the department, I am totally responsible for paying for my hearing aid(s) and all future batteries, supplies, and repairs. The department will not reimburse me for these costs.
5. I cannot pay the difference in cost to upgrade my hearing aid(s). If I do, #4 above applies.
6. When my hearing aids are delivered, the physician, ARNP, audiologist, or fitter/dispenser will check the hearing aids, fit them to me, and teach me how to use and care for the hearing aids. A sound field measurement or probe microphone measurements will be done to test my hearing ability.
7. I should have my hearing aids checked during the first month after delivery to make sure I am hearing as well as possible.
8. Following the initial fitting, while learning to use my hearing aids, I can go back to the physician, ARNP, audiologist, or fitter/dispenser to adjust the fit and/or improve my ability to hear.
9. I can return the hearing aid within the first 30 days if I am not satisfied with my ability to hear. I must notify the department in writing when I return the hearing aids for the department to consider a different kind of hearing aid.
10. If I return a hearing aid, I can choose to continue working with the same provider, who may have other options to suggest, or choose to work with a different physician, ARNP, audiologist or fitter/dispenser.
11. The physician, ARNP, audiologist, or fitter/dispenser must obtain authorization as needed and bill the department directly for all services. They cannot bill me the difference between what the department pays and their charges.
12. The department will pay for repairs and replacement due to normal wear and tear. Any other loss or damage is my responsibility. There is no automatic replacement period.
13. Each hearing aid comes with a minimum of one-year manufacturer's warranty from the date I receive it. During that time, there are no costs for repairs. The department pays future repairs for normal use of my hearing aids.
14. The department cannot pay for hearing aids that are lost, stolen, or damaged by non-work related accidents.
15. The department pays for my hearing aid batteries and parts, as needed, with normal use of my hearing aids.

I have read this form and understand the information given.

Date	Worker (Print your name)	<u>Signature</u>
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I explained the above information to this client

Date	Company Name		
<hr/>			
Provider (Print your name)	Provider Number	Provider Signature	

F245-049-000



TERMINATION OF AGREEMENT
(Rescission)

I _____(worker name) have returned my hearing aids and given the required written notice to _____(provider). The written notice was given to the provider within the 30-day rescission period and the return of my hearing aids was for reasonable cause as provided for in the Hearing Services Worker Information Form I received with my hearing aids. I did not return my hearing aids for cosmetic reasons or because I changed my mind about wearing hearing aids.

Date

Worker Signature

Date

Provider Signature

F245-050-000